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CONFIRMATION NO. 9207

SERIAL NUMBER 10/805,022	FILING DATE 03/19/2004 RULE	CLASS 095	GROUP ART UNIT 1724	ATTORNEY DOCKET NO. BJA-1										
APPLICANTS James Brown, Ithaca, NY;														
** CONTINUING DATA ***** <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 100px;"> none fl </div>														
** FOREIGN APPLICATIONS ***** <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 100px;"> none fl </div>														
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 06/02/2004														
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 45%; border-bottom: 1px solid black;"> Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged </td> <td style="width: 15%; border-bottom: 1px solid black; vertical-align: bottom;"> STATE OR COUNTRY NY </td> <td style="width: 10%; border-bottom: 1px solid black; vertical-align: bottom;"> SHEETS DRAWING 4 </td> <td style="width: 10%; border-bottom: 1px solid black; vertical-align: bottom;"> TOTAL CLAIMS 33 </td> <td style="width: 20%; border-bottom: 1px solid black; vertical-align: bottom;"> INDEPENDENT CLAIMS 3 </td> </tr> <tr> <td colspan="5" style="border-bottom: 1px solid black;"> <div style="display: flex; align-items: center;"> <div style="flex: 1;"> Allowance <i>[Signature]</i> Examiner's Signature </div> <div style="flex: 1; text-align: right;"> Initials </div> </div> </td> </tr> </table>					Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged	STATE OR COUNTRY NY	SHEETS DRAWING 4	TOTAL CLAIMS 33	INDEPENDENT CLAIMS 3	<div style="display: flex; align-items: center;"> <div style="flex: 1;"> Allowance <i>[Signature]</i> Examiner's Signature </div> <div style="flex: 1; text-align: right;"> Initials </div> </div>				
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ADDRESS 020808 BROWN & MICHAELS, PC 400 M & T BANK BUILDING 118 NORTH TIOGA ST ITHACA, NY 14850														
TITLE HEPA air scrubber or negative air pressure machine														
FILING FEE RECEIVED 502	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/> All Fees</td></tr> <tr><td><input type="checkbox"/> 1.16 Fees (Filing)</td></tr> <tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr> <tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr> <tr><td><input type="checkbox"/> Other _____</td></tr> </table>		<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____					
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